

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000033838

Entity Name: AVION CARE, INC.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

120 E. OAKLAND PARK BLVD. # 105  
FT. LAUDERDALE, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

120 E. OAKLAND PARK BLVD. # 105  
FT. LAUDERDALE, FL 33334

**New Mailing Address:**

FEI Number: 27-2407819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUTOWSKI, JEFFREY  
120 E. OAKLAND PARK BLVD. # 105  
FT. LAUDERDALE, FL 33334 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BLANC, GAIL  
Address: 5304 N.OSCEOLA AVE.  
City-St-Zip: CHICAGO, IL 60656

Title: V  
Name: GUTOWSKI, JEFFREY  
Address: 3660 N. LAKE SHORE DR. #3002  
City-St-Zip: CHICAGO, IL 60613

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY GUTOWSKI

V

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date